

PROOF OF CLAIM

In re
**Women First HealthCare, Inc ,
Debtor**

Case Number
04-11278 (MFW)

RECEIVED JUL - 8 2004

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address
06509442002133
TAPE RENTAL LIBRARY INC
ONE CASSETTE CENTER
PO BOX 107
COVESVILLE VA 22931 0107

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars
- Check box if you have never received any notices from the bankruptcy court in this case
- Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ()
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
8405

Check here replaces or amends a previously filed claim dated _____

1 BASIC FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U S C § 1114(a)
 Services performed Taxes Wages salaries and compensation (Fill out below)
 Money loaned Other (describe briefly) _____
Last four digits of SS # _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 6918 (unsecured) \$ _____ (secured) \$ _____ (unsecured prnity) \$ 6918 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM
 Check this box if your claim is secured by collateral (including a right of setoff)
Brief description of collateral
 Real Estate Motor Vehicle
 Other _____
Value of Collateral \$ _____
Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

7 UNSECURED PRIORITY CLAIM
 Check this box if you have an unsecured prnity claim
Amount entitled to prnity \$ _____
Specify the priority of the claim
 Wages salaries or commissions (up to \$4 925)* earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
 Contributions to an employee benefit plan 11 U S C § 507(a)(4)
 Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
 Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
 Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
 Other Specify applicable paragraph of 11 U S C § 507(a) (_____)
Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

6 UNSECURED NONPRIORITY CLAIM \$ 6918
 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to prnity

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Eastern Time on August 31, 2004
BY MAIL TO
Women First HealthCare Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
PO Box 983
El Segundo CA 90245-0983
BY HAND OR OVERNIGHT DELIVERY TO
Women First HealthCare Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
JUL 16 2004
BMC
Women First Healthcare Inc

00053

DATE SIGNED 7/12/04
SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Robin Rann

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

12/12/03 mc

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

I N V O I C E

(DUPLICATE)

Phone (434) 293-3705

Number 165652

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

12/12/03
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 01/11/04
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Quantity	Description	Price	Amount
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	Billing Period 08/17/03-09/13/03		
0	Audio tape-weeks	1 80	0 00
	Postage		8 95
	Total		=====
			8 95

| PLEASE PAY FROM |
THIS INVOICE

12/12/03mc

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

I N V O I C E

(DUPLICATE)

Number 165990

Phone (434) 293-3705

12/12/03
Company Number 8405

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

This invoice is for this period only
Terms net 30 days, past due after 01/11/04

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Quantity	Description	Price	Amount
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	Billing Period 09/14/03-10/11/03		
0	Audio tape-weeks	1 80	0 00
	Postage		11 76
	Total		===== 11 76

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12/12/03 mc

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

I N V O I C E

(DUPLICATE)

Phone (434) 293-3705

Number 166329

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

12/12/03
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 01/11/04

Quantity	Description	Price	Amount
	Billing Period 10/12/03-11/15/03		
0	Audio tape-weeks	1 80	0 00
	Postage		17 34
	Total		17 34

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1/2/04 mc

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

Phone (434) 293-3705

I N V O I C E

(DUPLICATE)

Number 166664

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

01/02/04
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 02/01/04

Quantity	Description	Price	Amount
	Billing Period 11/16/03-12/13/03		
0	Audio tape-weeks	1 80	0 00
	Postage		9 04
	Total		9 04

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2/4/04 JBM

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

Phone (434) 293-3705

I N V O I C E

(DUPLICATE)

Number 167015

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

02/04/04
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 03/05/04

Quantity	Description	Price	Amount
	Billing Period 12/14/03-01/17/04		
0	Audio tape-weeks	1 80	0 00
	Postage		6 78
	Total		6 78

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TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

Phone (434) 293-3705

3/5/04mc

I N V O I C E

(DUPLICATE)

Number 167356

Charlene Taylor
Women First Healthcare
12220 El Camino Real
Suite 400
San Diego CA 92130

03/05/04
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 04/04/04

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Quantity Description Price Amount

Billing Period 01/18/04-02/14/04
0 Audio tape-weeks 1 80 0 00
Postage 7 01
Total 7 01
=====

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4/19/04 mc

TAPE RENTAL LIBRARY, INC
One Cassette Center
P O Box 107
Covesville, VA 22931

Phone (434) 293-3705

I N V O I C E

(DUPLICATE)

Number 167665

Charlene Taylor
Women First Healthcare
5355 Mira Sorrento Place
Suite 700
San Diego CA 92121

04/09/04
Company Number 8405

This invoice is for this period only
Terms net 30 days, past due after 05/09/04

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Quantity	Description	Price	Amount
	Billing Period 02/15/04-03/13/04		
0	Audio tape-weeks	1 80	0 00
	Postage		8 30
	Total		=====
			8 30

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